

10-10-00

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PTO/SB/05 (08-00)

Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No. 47171-00271

First Inventor Douglas U. Mennie et al.

Title METHOD AND APPARATUS FOR DOCUMENT IDENTIFICATION AND AUTHENTICATION

Express Mail Label No. EK506617228US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 62]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D Invention
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 25]
5. ☒ Oath or Declaration [Total Pages 4]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies

**Accompanying Application Parts**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other Check for \$3,920.00 for appln. filing fees

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an**

Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 09/450,187, filed 11/29/99Prior application Information: Examiner Bartuska, F.J. Group/Art Unit: 3652

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**23,932☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ New correspondence address below

NAME	Stephen G. Rudisill				
ADDRESS	Jenkins & Gilchrist				
	1445 Ross Avenue, Suite 3200				
CITY	Dallas	STATE	TX	ZIP CODE	75202-2799
COUNTRY	USA	TELEPHONE	312 425-8570	FAX	214 855-4300
Name (Print/Type)	Timothy M. Kowalski			Registration No. (Attorney/Agent)	44,192
Signature	<i>Timothy M. Kowalski</i>			Date	October 5, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision

**Complete if Known**

TOTAL AMOUNT OF PAYMENT		(\$) <b> 3,920.00</b>	
Application Number			
Filing Date		10/05/00	
First Named Inventor		Douglas U. Mennie et al.	
Examiner Name			
Group Art Unit			
Attorney Docket Number		47171-00271	

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **10-0447/47171-00271**

Deposit Account Name **Jenkins & Gilchrist**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION (fees effective 10/01/2000)****1. FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	<u>710.00</u>
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	690	710	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)<u>710.00</u></b>

**2. CLAIMS**

Total Claims	Extra	Fee from below	Fee Paid
Total Claims <u>145</u> - 20 =	<u>125</u>	X <u>18.00</u> =	<u>2,250.00</u>
Independent <u>15</u> - 3 =	<u>12</u>	X <u>80.00</u> =	<u>960.00</u>
Claims			

Multiple Dependent Claims \_\_\_\_\_ X \_\_\_\_\_ =

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	Reissue independent claims over original patent
110	22	18	9	Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$)3,210.00**

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	390	216	195	Extension for response within second month	
117	890	217	445	Extension for response within third month	
118	1,390	218	695	Extension for response within fourth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,240	241	620	Petition to revive unintentionally abandoned application	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

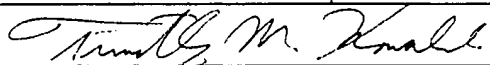
Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3)** **(\$)0.00**

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Timothy M. Kowalski	Reg. Number	44,192	Telephone	(312) 425-8518
Signature				Date	10/05/00

**FEE TRANSMITTAL**  
**for FY 2000**

Patent fees are subject to annual revision

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- 
- ☐
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SUBTOTAL (2)					(\$) <u>3,210.00</u>

Total Claims 145 - 20 = 125 X 18.00 = 2,250.00  
Independent 15 - 3 = 12 X 80.00 = 960.00  
Claims  
Multiple Dependent Claims \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_


**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

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Other fee (specify) _____					
Other fee (specify) _____					
SUBTOTAL (3)					(\$) <u>0.00</u>

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Timothy M. Kowalski	Reg. Number	44,192	Telephone	(312) 425-8518
Signature				Date	10/05/00